Solving for Price Transparency with an Eye on Member Experience

Keeping the member at the center with mandates and market expectations

12/07/2021
Speakers

Sheryl Zarozny is Vice President Consulting Services for Change Healthcare. Sheryl has over 30 years of experience in the healthcare industry working for payers, medical practices and integrated delivery networks. Her roles include executive advisor, management consulting, senior operations as both a business lead and an information technology professional. Sheryl is skilled in leadership of managing large, multi-faceted strategic projects, building global cohesive teams, and healthcare business operations. Sheryl is currently a member of HIMSS, Healthcare Businesswomen’s Association, Women Business Leaders in U.S. Healthcare Industry (WBL), Women in Technology and Advisory Board for the Boston Project Management Summit. Sheryl has previously presented to MHDC on the topics of Y2K, HIPAA, and security and risk management.

Sheryl has an MBA and a bachelor’s degree in information systems. She also is a certified Project Management Professional and a certified Scrum Master.
Speakers

Miles Karro is an Account Executive and Product Manager for the Medical Network division of Change Healthcare. An expert in price transparency, he provides direction to payers as they navigate the Transparency in Coverage mandate and No Surprises act to ensure compliance with a phased-in requirement for public and plan participant disclosures.

A graduate of Southern Methodist University, Miles joined Change Healthcare in 2015 as a Customer Support Representative. He rose quickly to lead the Payer Cost Transparency Client Operations team and is currently the lead Product adviser on Change Healthcare’s Connected Consumer Health’s Product Council.
Healthcare Financial Management Platform Supported by Clinical Insight

One of the largest Healthcare IT and services firms in the US, $3B revenue, 14K employees

Interoperable Solutions Platform for Healthcare

Power of API’s

AI-enabled

Provided through APIs and SaaS

Leads to More Customers & Partners

$1.5 Trillion Healthcare Claims

15 Billion Healthcare Transactions

1 in 3 U.S. Patient Records

6,000 Hospitals

1,000,000 Physicians

50,000 Pharmacies

1,500 Laboratories

2,400 Payer Connections

Technology Enabled Solutions

Software and Analytics

Network Solutions

Creates Better Analytics & Insights

Adds More Healthcare Data
Change is constant in healthcare
Driving our vision and strategy

Inspiring a Better Healthcare System

- Reducing healthcare’s cost burden
- Building a connected healthcare ecosystem
- Focusing on your outcomes

- Increasing Consumerism
- Consolidation and Vertical Integration
- Growing Government Influence
- New entrants & competitors
- System Inefficiency
- Rise of Value-Based Care
- Increasing Regulation + Compliance
- Emerging Technology
“Typical” Health Care Priorities

△ System and process modernization and automation
△ Aligned incentives driving value-based care
△ Hassle-free data & information security
△ Improved patient experience
△ Action-oriented analytics
△ Greater interoperability to improve efficiencies and comply with new regulations
△ Integrated, frictionless, healthcare workflows
Change Healthcare Consulting
The areas we support...

We work collaboratively with our clients to define new strategies and bring them to life, unlocking the opportunities created by change.

Consulting Focus Areas

- Process & System Modernization
- Government Programs
- Population Health
- Value-based Healthcare
- Healthcare Consumerism
- Analytics & Insights
- IT Risk Management & Security
Follow the Payer Journey to learn more about solutions that support customers as they Engage, Care, and Pay for care.
Evolving Legislation and Market Expectations Add Complexity
Keeping Track of It All

How Does It All Work Together?

Three regulatory drivers creating the consumer-value bridge:
1. 21st Century Cures Act
2. Interoperability and Patient Access Rule
3. Price Transparency Mandate

1. 21st Century Cures Act
   - Connected to Payer Systems
   - Provider Front Door

2. Interoperability and Patient Access Rule
   - Connected to Payer Systems

3. Price Transparency Mandate
   - Payer Enrollment
   - Connect to My Benefits
   - Identify My Care Needs
   - Find the Best Care for Me
   - Help Me Pay for My Care
   - Help Me Access Care
Keeping Track of It All
What Mandates Are Happening When?

Interoperability: Rule Deadline (Past)
Provider Transparency Deadline (Past)

Interoperability: Rule Enforcement Begins

Transparency Rules: Machine-Readable Files Enforcement: 7/1/22
Interoperability: Payer-to-Payer Exchange Enforcement: TBD

Transparency: Initial List of Identified 500 Services
Interoperability: Enhancements including provider access and payer-to-payer FHIR API

Prior Auth API: Deadline
Transparency: Remainder of all items and services via self-service
CMS Final Rules Put the Consumer at the Center

**CMS Goal:**
Provide consumers with access to and control over their healthcare data.

- **January 2022**
  - 2 machine-readable files posted on website
  - Enforcement is July 2022
  - Pharmacy file requirement is on hold

- **January 2023**
  - Online self-service tool with pricing for 500 shoppable services

- **January 2024**
  - Online pricing and cost sharing for all items and services
Our research underscores this shift in consumer expectations.

81%  "Shopping for healthcare should be as easy as shopping for other common services."

76%  "I wish there was a single place I could shop for and purchase healthcare."  80% BOOMERS

67%  "I wish I could shop for healthcare entirely online, like I can for other products and services."  78% MILLENNIALS | 74% GEN X

58%  "I wish a tech company would deliver a new type of healthcare experience."

Q: Please indicate if you agree or disagree with the following statements. (Base: n=1,945)
Yet the majority of consumers today are struggling with a healthcare experience that feels taxing and burdensome.

- **67%**
  
  “Right now, it feels like every step of the healthcare process is a chore.”

- **62%**
  
  “The healthcare experience feels like it is purposefully set up to be confusing.”

- **56%**
  
  “The healthcare experience is so bad today that I know people who will do anything to avoid seeking care.”

Q: Please indicate if you agree or disagree with the following statements. (Base: n=1,945)
For payers, this extends well beyond a pretty user experience.

**Recommended Actions from Recent Industry-Analyst Report**

- Consider price transparency in the context of the **front office/consumer and patient experience**, not just the application predicting price.
- Consider price-transparency solution in the context of the **middle and back office**.
- Recognize that this is a tool build/buy decision but mostly a **significant integration effort**.

Source: ICD 2021
Section 2.0

Responding to Evolving Legislation and Market Expectations
Machine-Readable File Response (Phase 1)

The three files include:
- In-Network Provider Negotiated Rates File
- Out-of-Network Allowed Amounts File
- Prescription Drug File (ON HOLD per CAA Implementation Part 49)

Change Healthcare has expertise and experience in several key areas:
- Combining and standardizing large data sets, later converting and hosting the data as machine-readable files.
- Creation of submission templates to help guide plans in gathering the required elements for the In-Network and Out-of-Network file.
- Converting plan-provided data into a machine-readable language.
  - Currently accepting pipe-delimited and JSON formats.

Change Healthcare can host the three machine-readable files on a unique, publicly accessible website. The public website is branding with a health plan’s logo and color scheme.
Cost Transparency Services Built on Unique Data Foundation
Simplifying healthcare shopping and care management

- Web-based application and API delivery of healthcare costs and member-specific data
- Experience developing machine-readable files and supporting CMS mandate compliance
- Personalizes cost at a member-specific level
- Allows members to view costs and quality of over a thousand medical procedures and pharmacy costs
- Routine monitoring validates costs within 97% accuracy*
- Integrates a range of quality data, also incorporating customized inputs


*Source: 2019 Change Healthcare Claims Data
True View Plus™ – Live Demo
True View Plus™—Reporting Dashboard

**Quick, simple view into engagement**

- Variety of standard **self-service reports** to view utilization across your population
- **Segmented** according to your business needs
- Fully **exportable** as images or raw data

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### Company ABC

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview</strong></td>
<td>Company ABC</td>
</tr>
<tr>
<td><strong>Enrollment</strong></td>
<td>363,687</td>
</tr>
<tr>
<td><strong>Enrollment by Location</strong></td>
<td>154,895</td>
</tr>
<tr>
<td><strong>Enrollment by Key Location</strong></td>
<td>198,692</td>
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</tbody>
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### Top In-Profile Views

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Wellness</strong></td>
<td>186,140</td>
</tr>
<tr>
<td><strong>Participation</strong></td>
<td>63,541</td>
</tr>
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### Top Clinical Views

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td><strong>Diabetes</strong></td>
<td>50</td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
<td>100</td>
</tr>
<tr>
<td><strong>Hypertension</strong></td>
<td>150</td>
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</table>

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### Top Financial Views

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td>$43,981,567</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>$3,456,789</td>
</tr>
</tbody>
</table>

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### Controls

- **Data Source:** Change Healthcare’s True View Plus
- **Modeling Environment:** Python
- **Visualization Tool:** Tableau
- **Preprocessing:** Data cleaning, feature selection

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<table>
<thead>
<tr>
<th>Mandatory</th>
<th>Value Add</th>
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</thead>
<tbody>
<tr>
<td>❑</td>
<td>Machine-readable file consolidation and standardization (Phase 1)</td>
</tr>
<tr>
<td>❑</td>
<td>Machine-readable file hosting capabilities (Phase 1)</td>
</tr>
<tr>
<td>❑</td>
<td>Cost-sharing self-service price transparency platform for all In-Network services (Phase 2/3)</td>
</tr>
<tr>
<td>❑</td>
<td>Self-service price transparency platform search capabilities (Phase 2/3)</td>
</tr>
<tr>
<td>❑</td>
<td>Self-service price transparency filter and sorting capabilities (Phase 2/3)</td>
</tr>
<tr>
<td>❑</td>
<td>Cost-sharing paper result delivery (email, phone, and mail) (Phase 2/3)</td>
</tr>
<tr>
<td>❑</td>
<td>Custom disclaimers on individual services (Phase 2/3)</td>
</tr>
<tr>
<td>❑</td>
<td>Integrated provider and facility quality</td>
</tr>
<tr>
<td>❑</td>
<td>Member engagement alerts (Ways To Save &amp; Targeted Engagement Alerts)</td>
</tr>
<tr>
<td>❑</td>
<td>Real time DED, OOP, and HSA balance presentation</td>
</tr>
<tr>
<td>❑</td>
<td>Complex plan design (ex. tiered benefits, benefit exclusions)</td>
</tr>
<tr>
<td>❑</td>
<td>Preferred Provider Designations and Promotions</td>
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<tr>
<td>❑</td>
<td>Customizable content tiles to promote client specific initiatives</td>
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<td>❑</td>
<td>Medical &amp; Rx service descriptions and educational content</td>
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<tr>
<td>❑</td>
<td>Reporting Dashboard</td>
</tr>
<tr>
<td>❑</td>
<td>Customer Support Portal</td>
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For More Information

Contact

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